

**COMBINED DECLARATION AND POWER OF ATTORNEY**

As a below-named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name; and

I verily believe that I am the original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled \_\_\_\_\_  
Wall bracket for a shower attachment, the specification of which:

☒ is attached hereto.

☐ was filed on \_\_\_\_\_ as Application Serial No. \_\_\_\_\_  
and was amended on \_\_\_\_\_. (If applicable.)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any Amendment referred to above:

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with 37 C.F.R. § 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of any application on which priority is claimed:

<u>Country</u>	<u>Number</u>	<u>Date Filed</u>	<u>Priority Claimed ?</u>
<u>Germany</u>	<u>102004003134.7</u>	<u>14/01/2004</u>	<u>Yes</u>
_____	_____	_____	_____

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application listed below:

Application

Filed

\_\_\_\_\_

I hereby appoint ALL attorneys associated with **Customer No. 08933** of the law firm DUANE MORRIS LLP, 30 South 17<sup>th</sup> Street, Philadelphia, Pennsylvania 19103-4196, to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith.

Please direct written correspondence to **Customer No. 08933** and phone calls to:

**Stephan P. Gribok, Esq.**  
**Duane Morris LLP**  
**30 South 17<sup>th</sup> Street**  
**Philadelphia, Pennsylvania 19103-4196**  
**USA**  
**Telephone: 215-979-1283**  
**Facsimile: 215-979-1020**  
**SPGRIBOK@DUANEMORRIS.COM**

I hereby declare that all statements made herein of my own knowledge are true, and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor: Klaus GROHE

Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_ Country of Citizenship Germany

Residence Auestrasse 25, 77761 Schiltach, Germany

Post Office Address see residence

Full name of second inventor: \_\_\_\_\_

Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Residence \_\_\_\_\_

Post Office Address \_\_\_\_\_